

Name in Full

Certificate of Death

Florence E Bond

Town

County

Died at

Port Deposit

Cecil

MARYLAND

Date 1902

Month

Day

3

6

Y.

M.

D.

Age

3

Native of

Maryland

Occupation

—

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Walter Bond

Mother's

Maiden Name

Hester Webster

Cause of

Primary

Cold on Breast

How long sick

3 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Joseph Jones

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

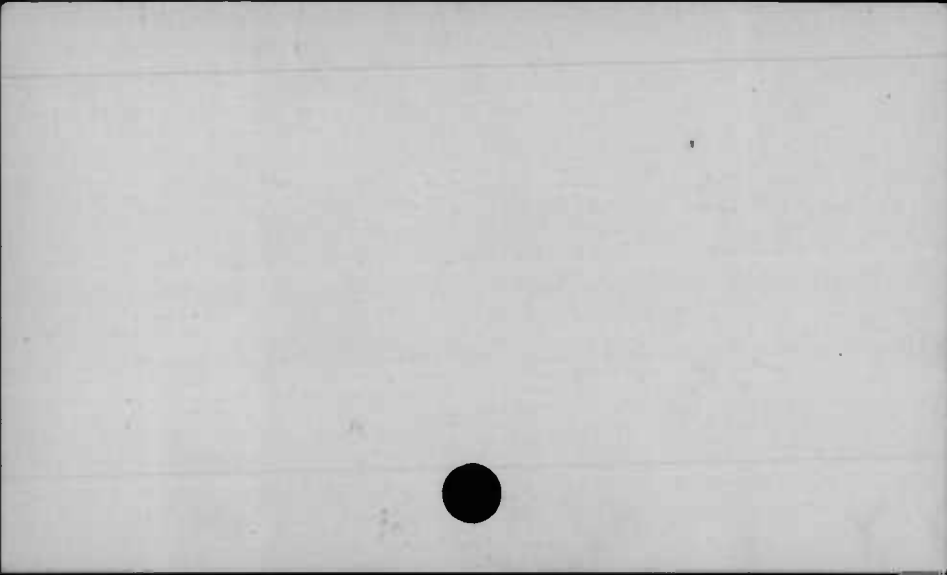
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alonzo Brown

Town

County

Died at

Near Cecil Paper Mills. Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

3

2

Age

63

Cecil

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 3

Husband

of

Rachel A. Brown

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Hannah Brown

Cause of

Primary

Congestive Sanguis

How long sick

10 days

Death

Immediate

Carbonic Acid poisoning  
of blood

Accident, Suicide, Homicide

Reported by

Dr. Geo. S. Darr

Address

Rising Sun

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary E. Carter

Died at <sup>Town</sup> Bank <sup>County</sup> Cecil 3rd Dist. MARYLAND

Date 1902 Mar 11 Age 56 Y. M. D. Native of Ind Occupation Housewife

Male ☒ White Married ☒ Widow ☒ ~~Divorced~~

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living 4

Husband of Jonathan Carter

Wife

Father's Name Wm Childester Mother's Maiden Name Amanda Farley

Cause of Death { Primary Acute  
Immediate Heart failure

How long sick 5 mos

Accident, Suicide, Homicide ☒

Reported by Wm. J. Carter

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

0-5





Name in Full

John Starratt Christie

Town

County

MARYLAND

Died at

Near Colona 6th Dist. Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

March

10

Age

27

10

17

Male

White

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Robert L. Christie

Mother's

Maiden Name

May Cooley Christie

Cause of

Primary

Typhoid Fever

How long sick

6 years

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

A. A. Cusker M.D.

Address

Colona Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Margaret H. Clark

Town

County

Died at

North East

Cecil

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

Mch 17

Age 76

Maryland

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

Nicholas Clark

Wife

Father's

Thomas Duling

Mother's

Margaret Hilson

Name

Maiden Name

Cause of

Primary

Immediate

Typhoid Pneumonia

How long sick

2 months

Death

Accident, Suicide, Homicide

Reported by

Geo S Rittenbouser M.D.

Address

North East

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

100000  
30000



Name in Full

Certificate of Death

Joseph Rhubausan Coates

156

Died at <sup>Town</sup> Richmansen <sup>County</sup> 6th dist Cass

MARYLAND

Date 1902 <sup>Month</sup> 3 <sup>Day</sup> 23 <sup>Age</sup> 68 yrs <sup>Native of</sup> Chest Co. <sup>Occupation</sup> Farmer

Male <sup>White</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup> <sup>Number of children living</sup>

~~Female~~ <sup>Colored</sup> <sup>Single</sup> <sup>Widower</sup>

Husband of Ellen M. Coates

Wife

Father's Name George Coates

Mother's Name <sup>Maiden Name</sup> Don't know

Cause of Death { Primary Catarrohal Pneumonia

How long sick 10 days

Death { Immediate Cardiac failure

Accident, Suicide, Homicide

Reported by Ernest R. Lawrence

Address Liberty Grove Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm. A. Emerson

Town

County

Died at Cherofee City Cecil

MARYLAND

Date 19 02 Month 3 Day 7 Age 27.3 Y. 24 M. 24 D. 24 Native of Wounded Wagon Club Occupation Wounded Wagon Club

Male White Married Widow Divorced  
Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

How long sick

4 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

5 district Oliver C. George

Town

County

Died at

M. Em

Cicero

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Mar

5-

Age

2 weeks

Cicero

Jan

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband

of

Wife

Father's

Name

E. George

Mother's

Maiden Name

E. Sowans

Cause of

Primary

Convulsions

How long sick

11 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. H. H. H.

Address

M. Em

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893



Sarah J. Gregson

Died at <sup>Town</sup> Kean Cherry Hill <sup>County</sup> Cecil <sup>3<sup>rd</sup> Dist</sup> MARYLAND

Date 1902 <sup>Month</sup> Mch <sup>Day</sup> 5 <sup>Age</sup> 91 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Ireland <sup>Occupation</sup> House Wife

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~  
<sup>Female</sup> ~~Colored~~ <sup>Single</sup> ~~Widower~~ Number of children living 3

Husband of \_\_\_\_\_

Wife

Father's Name John Cross <sup>Mother's Maiden Name</sup> Mary Smith

Cause of Death { Primary Paralysis  
 Immadiate Exhaustion } <sup>How long sick</sup> 2 years  
 Accidant, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

67



Name In Full

Certificate of Death

Groves -

Town Elkton County Boice <sup>^</sup> MARYLAND

Died at Elkton Month Mar Day 20 Y. - M. - D. - Native of  Md Occupation

Date 1902 Age - - - Male White Married Widow Divorced  
Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name J. Hawley Groves Mother's Maiden Name May A Cantwell

Cause of Death { Primary Still born - How long sick D.

Death { Immediate Accident, Suicide, Homicide

Reported by Chas M. Ellis MD  
 Address Elkton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

J. Harvey Hindman

Town

County

Died at

Liberty Groove

Cecil

MARYLAND

Date 1902

March 22

Age 62 yrs

Cecil Co.

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

3

Husband

of

Wife

Mary H. Hindman

Father's

Mother's

Name

Robert Hindman

Maiden Name

Rachel Swisher

Cause of

Primary

"Don't know." Man

How long sick

Dropped dead

Death

Immediate

dropped dead."

Accident, Suicide, Homicide

Reported by

Ernest Rowland

Address

Liberty Groove

Ind. 179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

*Henry Jacobs*  
 Town County  
 Died *Mar* *North East Cecil*  
 Month Day Y. M. D.

MARYLAND

Date 19*07* *March* *31* Age *56?* Native of Occupation  
 Male White Married Widow Divorced *Postman*  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *7*

Husband of  
 Wife *Unknown*

Father's Name Mother's Maiden Name *Unknown*

Cause of Death { Primary Immediate *Heart Failure* *179* How long sick *about 5 minutes*  
 Accident, Suicide, Homicide

Reported by *Rickette Nelson Coroner for Cecil Co*  
 Address *Essex, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lovie L. Jackson

Town

County

Died at

Principles Furnace

Cecil

MARYLAND

Date

002 March 11

Month

Day

Y.

M.

D.

Native of

Occupation

Age

23

-

-

Maryland

Type writer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Elijah Jackson

Mother's

Name

Frances E. Jackson

Cause of

Primary

Phthisis; Pulmonary

How long sick

Year

Death

Immediate

Accident, Suicide, Homicide

Reported by

Geo. W. Hume

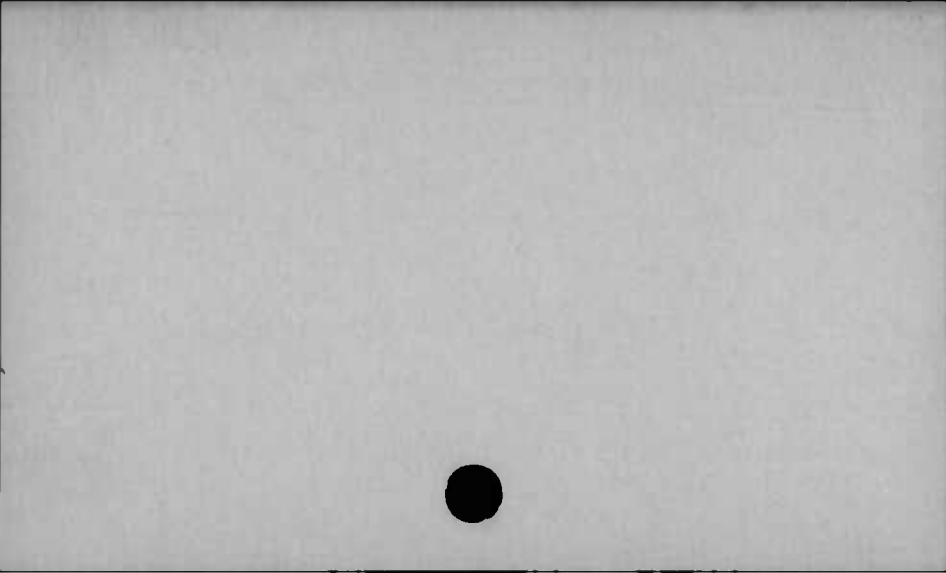
Address

10 Myrtle

27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

Oliver Goldsmith Kidd

153

Town

County

Died at

Near Colera 6th St. Cecil

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

March 19

Age

75-

MD

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

George Kidd

Maria Hagg Kidd

Cause of

Primary

Heart disease

How long sick

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

R. H. Crother

Address

Colera 6th St.

79

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Eliza Kincaid  
 Town County

Died at Chesapeake Cecil MARYLAND

1902 Month Day Y. M. D. Native of Occupation  
 Date 19 March 16 Age 66 Maryland  
~~Male~~ White ~~Marrried~~ Widow ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of  
 Wife Ivel Kincaid dec'd  
 Father's Name Mother's Maiden Name

Cause of Primary Rheumatism  
 Death Immediate Heart Disease (died in 5 minutes)  
 How long sick 79  
 Several years  
 Accident, Suicide, Homicide

Reported by J. Wallace M.D.  
 Address Chesapeake City  
 Ma  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

George, W Lockwood

Town  
HarrwickCounty  
Cecil

MARYLAND

Died at

1902

Date 189

Month Day

Mar 31

Y. M. D.

Age 57

Native of

Md

Occupation

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband

of

Adelaide Lockwood

Wife

Father's

Name

Edward Lockwood

Mother's

Name

Sarah Aldridge

Cause of

Primary

Heart Disease

79

How long sick

3 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

J. F. Hought

M. S.

Address

Harrwick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Infant-child of H R McCoy

Town

1st - out -

County

Carroll

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3

12

Age

3. 21.

County

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

8

Cause of

Primary

Death

Immediate

whooping cough  
Congestion Brain

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

Reported by

Dr E. N. Crawford

Address

Beallsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary E Mcullen

Town

County

Died at

Woodlawn

Cecil

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

3

19

Age

70.00

W

Cecil Co Md

None

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

None

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Bright's Disease Chronic

How long sick

4 or 5 years

Death

Immediate

Acute Congestion of Kidneys

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by corner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

James Morris

Town

Harwick

County

Becil

MARYLAND

Died at

Date 1902

Month

Day

Mar 19

Y.

M.

D.

Age

22 0 0

Native of

Ind

Occupation

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

James Morris

Mother's

Maiden Name

Mary Dobson

Cause of

Primary

Lupus

Death

Immediate

Consumption

How long sick

10

Accident, Suicide, Homicide

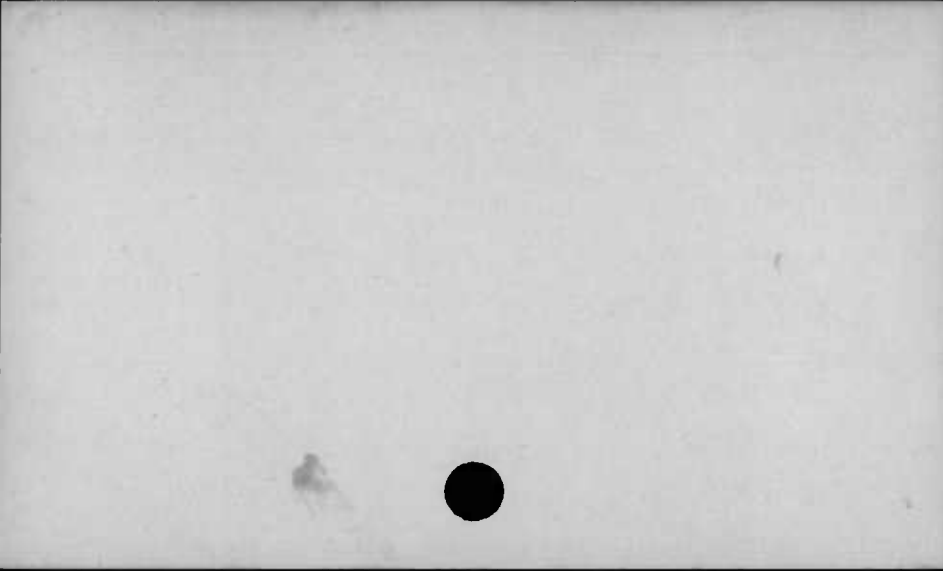
Reported by

J J Wright M D  
Harwick

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Charles A. Piccoe

Town

County

MARYLAND

Died at near Rising Sun Cecil

Month Day

Y. M. D.

Native of

Occupation

Date 19 02 March 19 Age 48-3 Cecil Co Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

8

Husband of Mrs Amanda V. Piccoe

Father's Name William C. Piccoe

Mother's

Maiden Name Sarah A. Rogers

Cause of Primary

Death Immediate

Hanging-

157

How long sick

~~Accident, Suicide, Homicide~~

Reported by Ficketta Nelson Coroner,

Address Eglon, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ruthanna Pierson

Town

County

Died at

Calvert

Ceil

Village 1901

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

3

18

Age

67

Delaware

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

Husband of

Wife

Father's

Name

Joseph Pierson

Mother's

Maiden Name

Ruth Wilson

Cause of

Primary

Paralysis

66

How long sick

2 days

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

L. B. Richardson Med

Address

Ceil 3

In L

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

150

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3<sup>rd</sup>6<sup>th</sup>

71

Age

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Paralysis

How long sick

6 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

MARYLAND

Date 1892

~~Male~~

Female

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mrs Emma H. Rawlings

Town

Octoraro 6th Dist. Cecil

Y.

M.

D.

Native of

Occupation

Month Day

Age

Cecil

Housewife

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

~~Married~~

J Taylor Rawlings

Jacob Reynolds

Mother's

Name

Eliza Reynolds

How long sick

2 yrs

Primary

Phthisis Pulmonalis

Immediate

Hemorrhage 27

~~Accident, Suicide, Homicide~~

Dr Geo S. Darr

Rising Sun

Md





Name in Full

Certificate of Death

John Roy

Town

County

MARYLAND

Died at Fredericktown, Md. Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3 . 13

Age

20.9

Virginia

Laborer

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Wm Roy

Mother's

Maiden Name

Fanny Miles

Cause of

Primary

How long sick.

Death

Immediate

Drowning

Accident, Suicide, Homicide

Reported by

R M Black

Ricketts Nelson

Address

Cecilton, Md.

Elkton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Horatio J. Sheppard

Died at <sup>Town</sup> Rising Sun <sup>6th Dist.</sup> Cecil <sup>County</sup>

MARYLAND

Date 1902 <sup>Month</sup> 3 <sup>Day</sup> 8 | Age <sup>Y.</sup> 75.6 <sup>M.</sup> - <sup>D.</sup> | Native of Ind. | Occupation Taylor

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widower ☐ Divorced ☐ Number of children living 4

Husband of Sarah ~~H~~ Sheppard

Wife of Sarah Sheppard

Father's Name — Mother's Name Sarah Brinson

Maiden Name

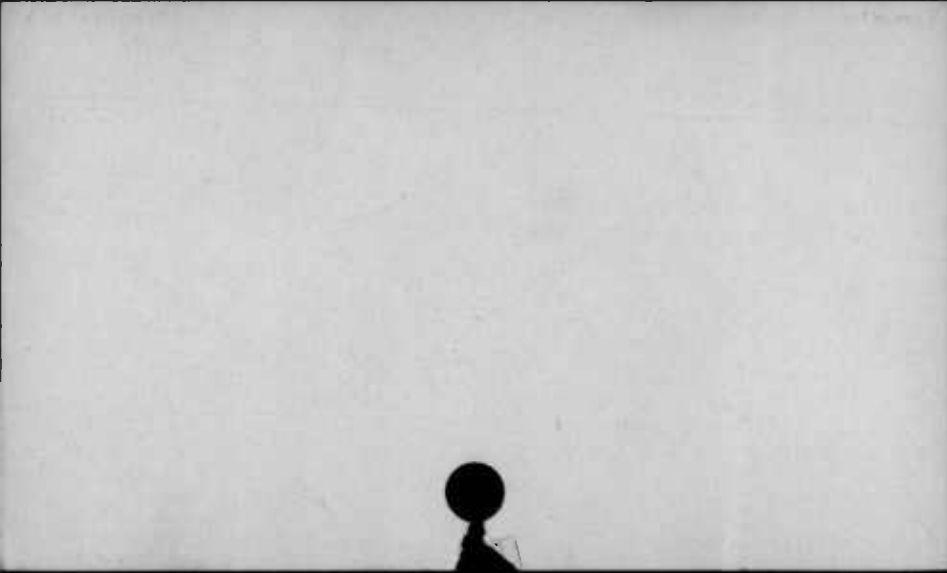
Cause of Death { Primary Fibrinous Deposition in Lungs | How long sick 1 year

Immediate General Debility & Exhaustion | Accident, Suicide, Homicide

Reported by Dr. Wm. S. Davis

Address Rising Sun Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Annaretta Shively

Town

County

Died at

New Market

Lees

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

19

Age

98

Md

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

~~Husband~~ of

Wife

Father's

Name

George Shively

Mother's

Maiden Name

Hamilton

Cause of

Primary

Old age

Death

Immediate

Catarrhal Pneumonia

How long sick

2 wks

Accident, Suicide, Homicide

Reported by

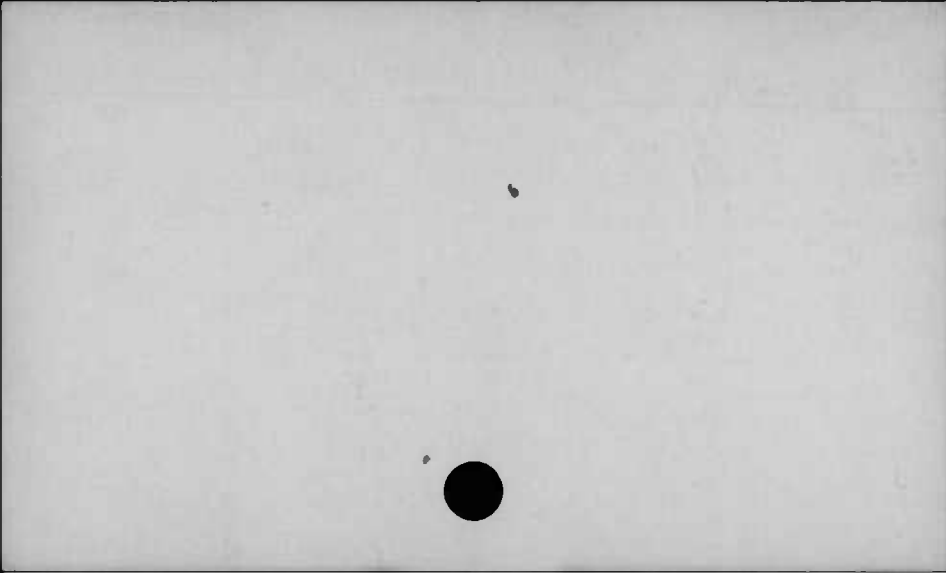
H. Arthur Mitchell M.D.

Address

Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Shork -

Town

County

MARYLAND

Died at

Elkton

bevie

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

May

7

Age

-

-

-

md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Jane Shork

Cause of

Primary

Still born -

How long sick

Death

Immediate

Do not know, born before arrival

Accident, Suicide, Homicide

Reported by

Howard Branton M.D.

Address

Elkton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



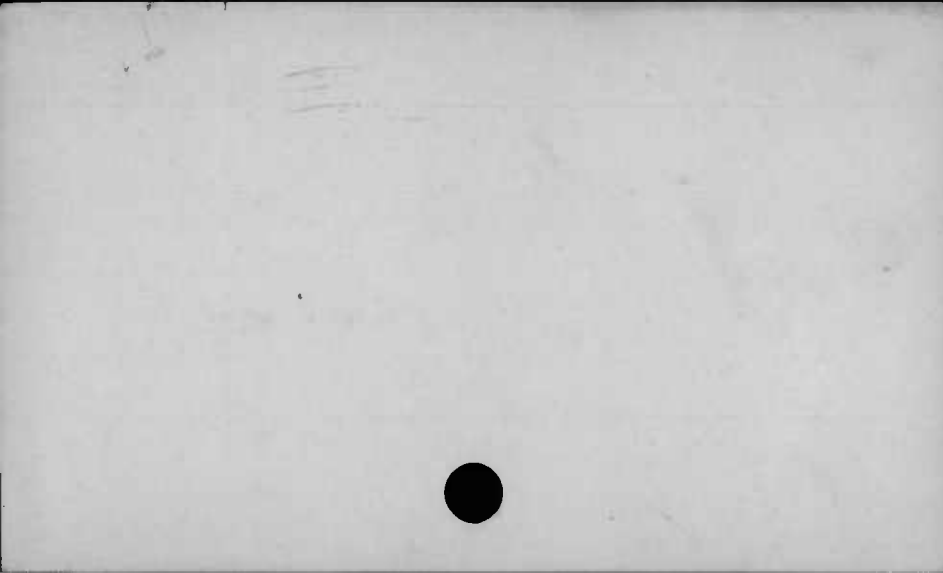


Name in Full *Mary Alice Sollars*  
 Town *Lombard* County *Cecil* (9<sup>th</sup> Dis) MARYLAND  
 Died at *Lombard* Month *3* Day *20* Y. *4* M. *2* D. *2* Native of *Pa* Occupation *House wife*  
 Date 19 *02* *3* *20* Age *38* *2*  
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~  
 Female *Colored* ~~Single~~ *Widower* Number of children living *2*

Husband of *King Sollars*  
 Wife  
 Father's Name *Joseph Carson* Mother's Maiden Name *Catharine Morrison*  
 Cause of *Tuberculosis* How long sick *about 1 year*  
 Death *Immediate* *ditto* *27* *Accident, Suicide, Homicide*

Reported by *Le. St. Richardson M.D.*  
 Address *Coevern* *M 5*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Elizabeth Strout

Died at Port Deposit Cecil Co

MARYLAND

Date 1902 March 22

Month Day Y. M. D.

Age 5

Native of Port Deposit

Occupation

Male ☒ White ☒ Married ☐ Widowed ☐ Divorced ☐

Female ☒ Colored ☐ Single ☒ Widower ☐ Number of children living

Husband of

Father's Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

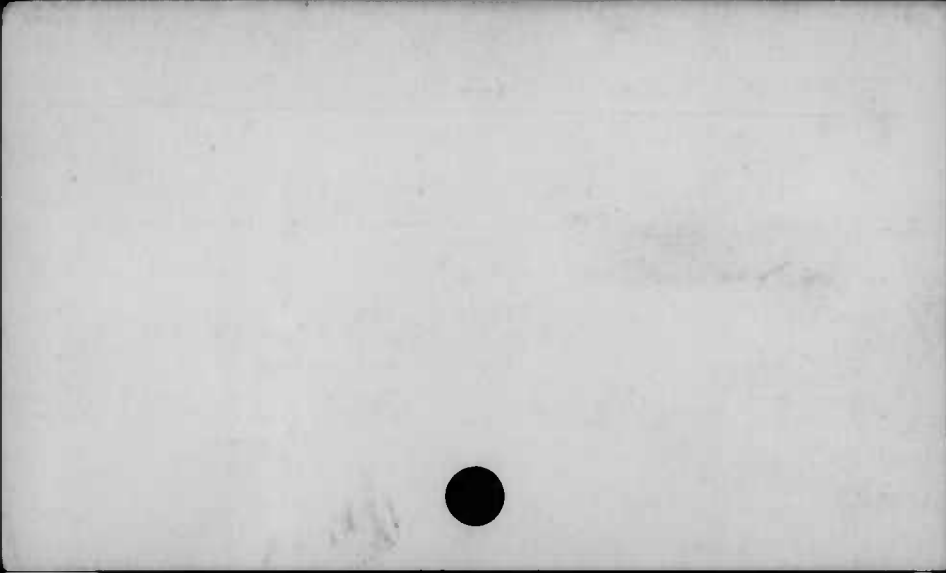
Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full: *Joseph Lutz*  
 Died at: *Port Deposit, Cecil.* Town: *Port Deposit* County: *Cecil*  
 Date: *1902 June 26* Month: *June* Day: *26* Y. M. D.: *1902 June 26*  
 Age: *60?* Native of: *Germany* Occupation: *Shoemaker*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living: *0*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Death: *Chronic* Primary ☒ Immediate ☐ How long sick: *158*  
 Accident, Suicide, Homicide ☐

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898



Bettie Thomas cal-

Town

County

MARYLAND

Died at

Port Deposit

Anne

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

22

Age

45

Virginia

Servant

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

5

~~Husband~~

Wife

of

Charles Thomas

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Paralysis

How long sick

Over 1 year

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

S. G. Fisher

Address

Port Deposit, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*Sarah Weaver*  
 Town *Elkton* County *Delaware*  
 Died at *Elkton* MARYLAND

Date 19 *02* *3* *5* Age *78*  
~~Male~~ White ~~Married~~ Widow ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *2*

Husband *Samuel Weaver*  
 Wife *James Fulton* Mother's *93*  
 Name Maiden Name

Cause of { Primary *Cerebral meningitis* How long sick *5 days*  
 Death { Immediate Accident, Suicide, Homicide

Reported by *Arthur Mitchell, M.D.*  
 Address *Elkton, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Cornelius Wilson

Died at

Town  
Elkton

County  
Cecil

MARYLAND

Date 1902

Month Day

3 16

Age

Y.

3

M.

D.

Native of

Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of  


Father's  
Name

William D. Wilson

Mother's

Maiden Name

Emma Reed

Cause of

Primary

28

How long sick

3 w.

Death

Immediate

Tubercular meningitis

~~Accident Suicide Homicide~~

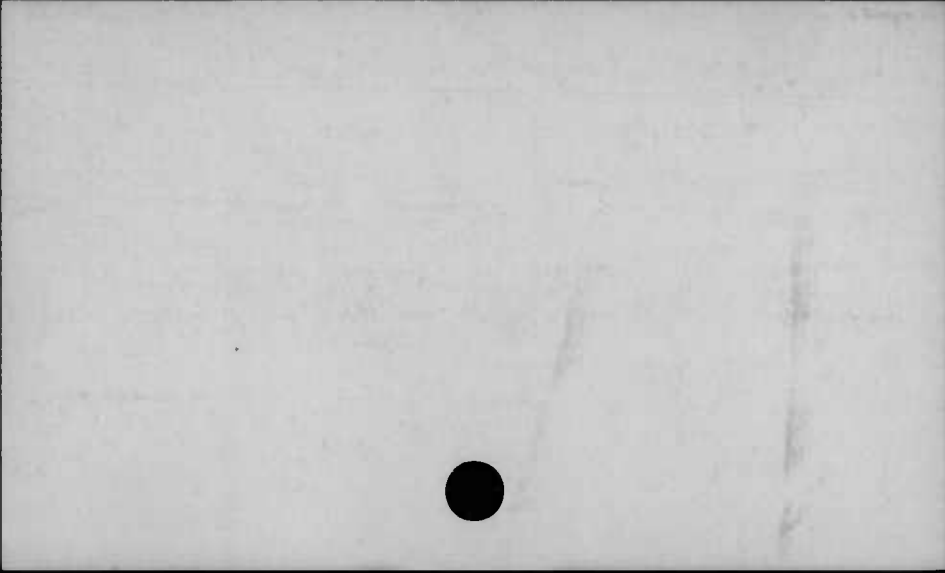
Reported by

H. Arthur Mitchell M.D.

Address

Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John T. Wilson

Town

County

Electra

Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

3

2

Age

60

Del

Hotel

Married

~~Widow~~~~Divorced~~~~Single~~~~Widower~~

Number of children living

None

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Laura V. Lindsay

Wm. Wilson

Rachel Naudain

Primary

Immediate

Bright's disease

20

How long sick

Ailing for 3 yrs

~~Accident, Suicide, Homicide~~

Reported by

J. W. Thompson

Address

Electra, MS



Harvey Way Woodrow

157

Died at Pilot Town 8th Dist. Cecil County

MARYLAND

1902  
Date <sup>19</sup> Mar. 30 Age 43, Y. 7, M. 3 Native of U.S. Occupation Livery

Male White Married ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one

Husband of Margaret B. Woodrow

Father's Name Stephen J. Woodrow Mother's Name Isadora Woodrow

Maiden Name

Cause of Death { Primary Tuberculosis. Cirrhosis of Liver  
 Immediate Heart Failure

How long sick 3 years

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by Geo. W. Gillespie M D 27

Address Pleasant Grove Pu

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*Unknown White Man*  
 Town County

MARYLAND

Died at *Perryville* *Cecil*  
 Month Day Y. M. D. Native of Occupation

Date 19 *04* *March* *19* Age  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name Maiden Name

Cause of Primary

How long sick

Death Immediate *Killed by train on P.M. & B.R.*Accident, ~~Suicide~~, ~~Homicide~~Reported by *Pickett Nelson, Coroner,*Address *Elkton, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Unknown White Man

Town

County

Died at *Mar Aiken**Cecil*

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 19 *07* *March* *7th*

Age

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

